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AUTHOR Warren, Lynda W.; And Others
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ABSTRACT

Chicanos comprise the second largest and yet least acculturated minority in this country. Existing literature suggests that acculturation is stressful for Chicanos because they are caught between two cultures with frequently conflicting values and role demands. However, current research indicates that Chicanos strikingly underutilize mental health facilities. This study hypothesized that the more acculturated Chicanos would report more manifest anxiety and more favorable attitudes towards psychotherapy than the less acculturated Chicanos. Findings suggest that young or highly acculturated Chicanos may be experiencing more role conflict than their male counterparts. (Author/HHL)

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The Relationship of Chicano Acculturation to Self-Report Anxiety and Attitudes toward Counseling and Psychotherapy

Lynda W. Warren, Esteban Olmedo, and Olivia Go
California State College, San Bernardino

U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
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This paper reports research findings on the relationship between acculturation level, anxiety symptoms, and attitudes toward psychotherapy for a sample of Mexican-American high school and college students. Mexican-Americans were studied because they are the second largest minority group in this country and yet considered among the least acculturated of U.S. ethnic groups (Heller, 1967; Madsen, 1969).

Acculturation is the process whereby a minority group acquires a new cultural orientation through adoption of the cultural traits and values of the majority population (Burma, 1970; Cardenas, 1970; Marden & Meyer, 1968). While degree or extent of acculturation is typically generational with minority children generally more acculturated than their parents (Marden & Meyer, 1968; Penalosa & McDonagh, 1968), individual differences exist in extent of acculturation within generational or age groups. Level of acculturation may then serve the function of a moderator variable in that, within given generations, more and less acculturated persons may differ in attitudes, values, and related behaviors despite their common membership in a minority subculture.

Acculturation is considered a stressful experience because minority and majority values often conflict (Kiev, 1972) as seems to be true in the case of Mexican-American acculturation since the Mexican and Anglo cultures are quite distinct in terms of a variety of cultural values (including work, achievement, the family, modes of personal interaction, religion, man's relation to nature). The young Mexican-American particularly is confronted with a multiplicity of contradictory roles and identity challenges (Wallace, 1969) a situation Cabrera (1963) refers to as schizophrenia on a cultural level and Murillo

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(1971) describes as identity confusion and identity crisis.

If acculturation is psychologically stressful, then one might expect that persons undergoing acculturation might report stress-related psychological and somatic symptoms and also seek help from available mental health service agencies. Current research, however, indicates that Mexican-Americans strikingly underutilize both inpatient and outpatient mental health facilities (Karno & Edgerton, 1969; Morales, 1971; Padilla and Ruiz, 1973, 1975). While the reasons for Mexican-American underutilization of mental health services are quite likely complex and varied, a number of writers have suggested that counseling or psychotherapy appear strictly "Anglo" to the Mexican-American and therefore not a reliable source of help, understanding, and support (Padilla and Ruiz, 1975). If this is true, then more Anglicized Mexican-Americans might have a more favorable attitude toward psychotherapy than less Anglicized Mexican-Americans.

The present study hypothesized that more acculturated students would report significantly greater manifest anxiety and significantly more positive attitudes toward psychotherapy than less acculturated students.

Method

Subjects

The sample (N=95) consisted of 51 Mexican-American high school students from two San Bernardino high schools and 44 Mexican-American college students enrolled at California State College, San Bernardino. Subjects' ages ranged from 13-43 with a mean age of 19.5 years and standard deviation of 5.2 years. The mean educational level of the high school and college samples combined was 12.6 years with a range of 9-17 years of education. Twelve subjects were born in Mexico and the remainder were born in the United States.

Measures

Acculturation. This measure consisted of 23 items, 15 of which were multiple choice items pertaining to sociocultural characteristics and demographic data found to differentiate between Mexican-Americans and Anglos in previous research (Casavantes, 1971; Edgerton & Karno, 1971; Mercer, 1973). Item content included family constellation, language spoken at home, and whether home owned or rented. Direction of scoring was consistent with previous research with a score of 1 assigned to all responses in the "Anglo" direction and a score of 0 assigned to responses in the "Mexican" direction. The remaining 8 items were derived from Turner's questionnaire (1964) and dealt with cultural values found to have significantly different endorsement rates for Mexican and Anglo American high school students in previous research (Heller, 1971). For each of the cultural value items, subjects were required to choose one of two responses to the question "which kind of person would you rather be?" Responses coded as Anglo and scored with a 1 were those emphasizing secular success, individualism, competitiveness, and straightforwardness in dealing with others.

Manifest Anxiety Scale. Fifty true/false items selected from the Minnesota Multiphasic Personality Inventory by Taylor (1952) as a measure of manifest anxiety. Item content pertains to irrational fears, self-doubt, somatic symptoms, and self-devaluation.

Attitudes toward Counseling and Psychotherapy. Five items dealing with subject's willingness to seek counseling help for personal problems which subjects rated on a 5-point scale from strongly agree to strongly disagree. Two examples are: "If I had a personal problem, I would be willing to see a professional counselor or psychotherapist to talk about it," and "If I had a friend who had an emotional problem, I would suggest that he/she see a professional counselor or psychotherapist."

Procedure

A single questionnaire consisting of all measures was administered to all subjects. High school subjects were administered the questionnaire in a group setting after written permission to conduct research in the schools had been obtained from the high school principals. The principals together with selected teachers helped in the identification of Mexican-American students who were then invited to participate in the study. A total of 81 questionnaires were distributed to high school students, and 51 (63%) were completed and used in the study. College students were obtained from two sources. Eleven subjects, enrolled in a Chicano studies course, completed the questionnaire during a class session. The remaining 33 college subjects, identified as Mexican-American through their membership in MECHA, were individually contacted and invited to participate in the study. These 33 subjects were administered the questionnaire individually.

Results

Table 1 shows means and standard deviations of attitudes toward psychotherapy and manifest anxiety by subject sex, age, and acculturation. The median acculturation score (mdn = 12.32) was used to dichotomize this variable and differentially assign subjects to high and low acculturation groups depending on whether their scores were above or below the median.

Two three-way completely randomized analyses of variance (acculturation X sex X age) were performed to analyze separately manifest anxiety and attitudes toward psychotherapy. Each of the independent variables had two levels: (1) sex - male and female; (2) age - 18 and below and 19 and above; (3) acculturation - high and low based on scores above and below the acculturation median.

The analysis of variance for attitudes toward psychotherapy found only the acculturation main effect to be significant ($F=15.45$; $df=1, 64$; $p<.01$) indicating that more acculturated subjects reported more favorable attitudes toward psychotherapy regardless of sex or age. The analysis of variance for manifest anxiety showed no significant main effects. However, subject sex interacted significantly with both subject age ($F=9.59$; $df=1,64$; $p<.01$) and acculturation ($F=6.50$; $df=1,64$; $p<.05$). Analyses of simple main effects indicated that females aged 18 and below reported significantly greater manifest anxiety than comparably aged males or subjects of either sex aged 19 and above. In addition, highly acculturated females reported significantly greater anxiety than highly acculturated males or subjects of either sex who were low in acculturation. These findings are illustrated in Figures 1 and 2 respectively.

A correlational analysis showed acculturation to be significantly related to attitudes toward psychotherapy ($r=.60$; $p<.0005$) indicating that

36% of the variance in psychotherapy attitudes is accounted for by acculturation. On the other hand, the correlation between manifest anxiety and acculturation was not significant (r=.11), a finding consistent with the analysis of variance results which demonstrated that this relationship is moderated by sex and age. Finally, no significant realtionship was found between manifest anxiety and attitudes toward psychotherapy (r=.14).

Discussion

Results provided support for the hypothesis predicting that more acculturated subjects would report more positive attitudes toward psychotherapy. Given what is known regarding the complexity of attitudinal determinants, the strength of the relationship between acculturation level and attitudes toward psychotherapy is somewhat surprising. Non-Anglicized Mexican-Americans, for whatever reason, apparently do not view participation in professional psychotherapy as an appropriate source of help for personal problems which could account, in part, for the underutilization of mental health services by Mexican-Americans. If professional psychologists are interested in providing services for Mexican-Americans, then it would seem that we must take more active steps to counteract the negative attitudes toward receiving professional psychotherapy that less acculturated Mexican-Americans hold. Padilla & Ruiz (1975) have suggested three ways whereby this goal may be achieved: (1) Implementation of the "Professional Adaptation Model" which involves active recruitment of Spanish-speaking personnel into the mental health professions and special training programs for Anglo therapists to provide them with insight into the Mexican-American culture; (2) Increased emphasis on family therapy and research designed to increase our understanding of the complex dynamics of the Mexican-American family; and (3) Adoption of the "Barrio Service Center

Model" which would result in the delivery of mental health services at the location of the target population.

The relationship of acculturation level to manifest anxiety was found to be complex. Analysis of simple main effects revealed that this relationship is moderated by the sex of the subject. Only highly acculturated females reported significantly more anxiety. In addition females aged 18 and below reported significantly more anxiety than comparable aged males and subjects of either sex aged 19 and above. Together these two findings suggest that the Mexican-American female may be experiencing more role conflict than her male counterpart. The highly acculturated Mexican-American female may indeed be caught between two conflicting sets of values: traditional Mexican values which clearly define woman's role as in the home subordinate to her husband and the less clearly defined but nonetheless more "liberated" Anglo values regarding woman's role. Comments made by female college subjects during debriefing indicated that Mexican vs. Anglo value conflict can be intensely felt by the young Chicana trying to establish her own identity. The young Mexican-American male, in contrast, encounters greater consistency between Mexican and Anglo values as far as sex-role behavior is concerned and therefore may encounter less value conflict than his female counterpart.

Results as well as limitations of the present study suggest some promising directions for future research including further study of sex differences in the acculturation experience and more extensive study of the relationship between acculturation and attitudes toward psychotherapy with attention on identification of factors to account for the less favorable attitudes of the less acculturated.

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California State College, San Bernardino

Table 1

Means and standard deviations of attitudes toward psychotherapy and manifest anxiety by subject sex, age, and acculturation

Attitudes toward psychotherapy								
Sex	Male				Female			
Age	18 and below		19 and above		18 and below		19 and above	
Accult.	Low	High	Low	High	Low	High	Low	High
Mean	8.56	10.67	7.44	13.11	8.22	10.33	8.22	12.56
S.D.	3.94	3.20	4.13	4.08	3.11	4.36	3.99	3.71
Manifest Anxiety								
Mean	14.33	13.11	17.11	14.89	17.67	24.44	11.22	16.33
S.D.	7.18	6.51	8.62	8.70	7.60	8.52	6.46	7.35

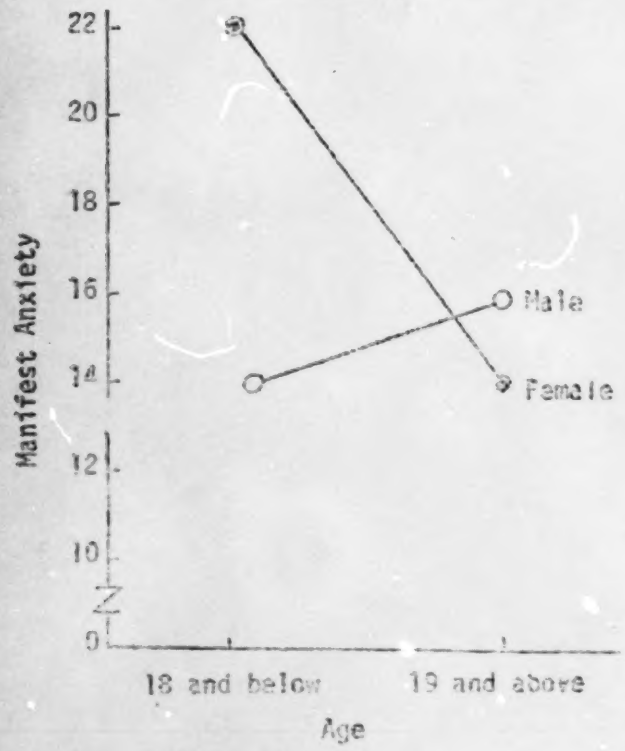

Fig. 1: Age X sex interaction

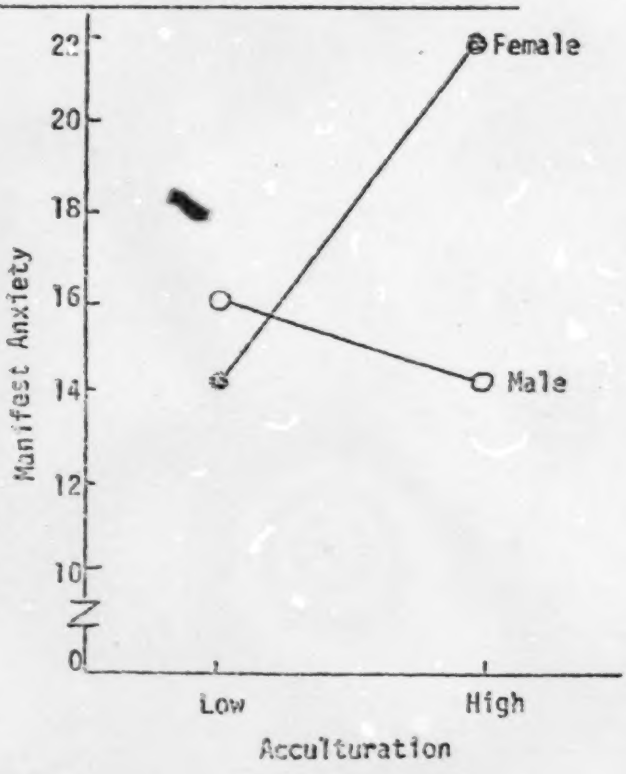

Fig. 2: Acculturation X sex interaction